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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE DBS\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE DBS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <u>[Signature]</u>	Initials <u>DBS</u>		
Verified and Acknowledged				

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## TITLE

Deformed reinforcing bar splice and method

FILING FEE  RECEIVED 1016	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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